

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/593931** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2						
3						
4						
5						
6						
7	1	2				
8						
9		1				
10	1	2				
11						
12						
13						
14						
15		2				
16		2				
17		2				
18						
19						
20		2				
21		1				
22						
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26						
27		1				
28		1				
29		1				
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42						
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48						
49						
50						
TOTAL IND.			7			
TOTAL DEP.			14			
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						